

Youth Empowerment Network Registration Form

Parent/ Guardian's Name	First	Middle	Last
Child's Name	First	Middle	Last
Address		Apartment #	Zip Code
Home Telephone	Cellular Telephone		E-Mail Address
Date of Birth		City/State/Country of Birth	
Social Security Number		M-DCPS Student ID Number	

Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Race	<input type="checkbox"/> Amer. Indian/ Alaska Native <input type="checkbox"/> Black/African American	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Other
Ethnicity	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Haitian	<input type="checkbox"/> Other
Preferred Language (Primary Language Spoken in Home)	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other (Specify)	

School Attended	<input type="checkbox"/> Biscayne Elementary	<input type="checkbox"/> Fienberg Fisher K-8
2009-10 Grade Level	<input type="checkbox"/> 3 rd Grade <input type="checkbox"/> 4 th Grade <input type="checkbox"/> 5 th Grade	<input type="checkbox"/> 3 rd Grade <input type="checkbox"/> 4 th Grade <input type="checkbox"/> 5 th Grade
School Attendance (M-DCPS provided)	Prior School Year	Current School Year
GPA (M-DCPS provided)	Prior School Year	Current School Year
ESE Status (M-DCPS provided)	<input type="checkbox"/> Specific Learning Disabled <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Emotionally Handicapped <input type="checkbox"/> Educable Mentally Handicapped <input type="checkbox"/> Language Impaired <input type="checkbox"/> Gifted <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Severely Mentally Handicapped	<input type="checkbox"/> Trainable Mentally Handicapped <input type="checkbox"/> Autistic <input type="checkbox"/> Hospital/Homebound <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Orthopedic-Impaired <input type="checkbox"/> Developmentally Delayed <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Profound Mental Handicap